

**RYAN WHITE II MINORITY AIDS INITIATIVE  
“INCREASING PARTICIPATION OF MINORITIES IN THE TEXAS HIV  
MEDICATION PROGRAM IN HARRIS AND DALLAS COUNTIES”  
QUARTERLY REPORT FORM INSTRUCTIONS**

**PAGE ONE:**

- 1. Name of Agency:** Record the full legal name of the Grantee Agency.
- 2. Region:** Record the Public Health Region for this scope of contracted work.
- 3. Contract Number:** Record the **current** contract number and attachment number for the Ryan White contract. The contract number and attachment number can be found on the current contract on ATTACHMENT Page 1.
- 4. Prepared by:** Record the name and job title of the Grantee Agency staff member responsible for quarterly report preparation.
- 5. Quarter/Fiscal Year:** - Place an **X**, or other identifying mark, next to the appropriate reporting quarter. Record the fiscal year that corresponds with the reporting period.

**PAGE TWO:**

**I. PERFORMANCE MEASURES, PROGRAM OBJECTIVES AND CLIENT DATA**

- A. Note progress in meeting each contract “Performance Measure” for the current quarter and year-to-date.**
  - 1. Initiate a face-to-face contact with ninety-five percent (95%) of identified potential clients from the target population within two (2) weeks of release of potential client from jail or prison.** Record the percentage of identified potential clients from the target population with whom the agency had at least one face-to-face contact within two weeks of release from jail/prison. *Example: Outreach efforts by Agency X identified 50 HIV+ incarcerated persons soon to be released to Harris County during the current quarter. Agency had at least one face-to-face contact with 46 of these potential clients. Hence, agency would report a 92 % rate of face-to-face contact with potential clients.*
  - 2. Link ninety-five percent (95%) of identified clients to HIV related primary medical care and psychosocial services after the initial client contact and enroll ninety percent (90%) of the clients who pass the eligibility screen into the THMP.** Record the percentage of identified clients from the target population that were successfully linked to primary medical care and psychosocial services after initial contact by the agency.  
*Example: Case management intake was done on 25 HIV+ persons recently released from prison to Harris County by Agency X during the current quarter. Agency*

*successfully linked 23 of those clients to relevant medical and social services. Hence, agency would report a **92% rate** of linkage with potential clients.*

Record the percentage of clients who, after completing and successfully passing the eligibility screen for THMP, are enrolled into the Texas HIV Medication Program (THMP).

**Example:** *Agency X assisted 25 persons to apply to the THMP this quarter. Of those 25 clients, 24 completed the application process by supplying all information required to make a determination of eligibility. Of the 24 who completed the application, 23 were successful in passing eligibility screening process and were enrolled in THMP. Hence, the agency would report a 96% rate of enrollment into THMP. (i.e., 23 successfully enrolled out of 24 who passed eligibility). The client who did not complete the application process is not reported here.*

- 3. Maintain ninety percent (90%) of eligible clients on the THMP for two (2) months after the initial THMP enrollment and eighty percent (80%) of eligible clients on the THMP for six (6) months after the initial THMP enrollment.** Record the percentage of clients eligible for THMP who demonstrate continued service by the THMP for two months following initial enrollment. “Continued service” is defined as having HIV medications provided through THMP to the client’s assigned pharmacy.

**Example:** *23 HIV+ clients are enrolled on THMP during this quarter, based on client’s participation in case management services from Agency X. Two months after THMP enrollment, all 23 of those clients have had HIV medications provided to their assigned pharmacy by THMP for each of those two months. Hence, agency would report a **100% rate** of maintenance of eligible clients on THMP for **two** months after initial THMP enrollment.*

Record the percentage of clients eligible for THMP who demonstrate continued service by the THMP for six months following initial enrollment. “Continued service” is defined as having HIV medications provided through THMP to the client’s assigned pharmacy.

**Example:** *23 HIV+ clients are enrolled on THMP during this quarter, based on client’s participation in case management services from Agency X. Six months after THMP enrollment, 19 of those clients have had HIV medications provided to their assigned pharmacy by THMP for each of those six months. Hence, agency would report an **83% rate** of maintenance of eligible clients on THMP for **six** months after initial THMP enrollment.*

- 4. Ensure adherence by eighty percent (80%) of eligible THMP clients in obtaining prescription THMP approved medication refills for two (2) out of three (3) consecutive months in the quarterly reporting period of July 2003, October 2003, January 2004, and April 2004.** Record the percentage of eligible THMP clients who adhere to prescribed HIV medication regimes provided by THMP for two out of three consecutive months during the current reporting period.

**Example:** *75 clients of Agency X remain eligible for THMP during the reporting period. Of those 75 clients, 62 clients obtain (pick up or have delivered) their THMP approved medication refills from the assigned THMP pharmacy for two out of three months during the reporting period. Hence, agency would report an **83 % rate** of adherence of eligible THMP clients who obtain THMP approved medication refills from their assigned pharmacy during the reporting period.*

**NOTE:** It is understood that obtaining the prescription from the pharmacy is not a guarantee that the client actually takes the medications once these are provided, nor that the medications are taken as prescribed. This indicator is used as a surrogate for adherence.

**PAGE THREE:**

**B. List each program objective and the progress toward meeting each objective this quarter and year-to-date:** Record any specific **program objectives** for the grant (separate from the “Performance Measures” set in the contract). After each objective, list the progress made toward meeting the objective during the current reporting period, and the progress made year-to-date.

**PAGE FOUR:**

**C. Please record the following data for this reporting period:** Record information for those persons who are newly enrolled as a client of your agency, and for those clients whose participation in THMP changed during this reporting period (i.e., client was returned to state prison system and, thus, is no longer eligible for THMP services). **Do not include** clients whose status with regard to THMP enrollment has not changed (i.e., continuously enrolled on THMP) since the last reporting period. Record data in the box provided according to the instructions below. Obtain as much information as possible from the client. If additional information from the THMP is needed to complete this section of the quarterly report, fill out the “**Request for Information From the THMP**” form. The form and instructions are located at <http://www.tdh.state.tx.us/hivstd/clinical/eip.htm>. The form may be submitted to the THMP monthly. THMP staff may be contacted at 1-800-255-1090 for assistance.

**Client THMP code #:** Record the unique identifier five digit code number provided to each client enrolled in the Texas HIV Medication Program (THMP). The code number is available to the client on the THMP letter approving client’s participation.

**Date enrolled in THMP:** Record the date that the client was accepted into the THMP. This date is available to the client on the THMP letter approving client’s participation.

**Did the client lapse THMP?** Record whether the client lapsed participation in THMP during this quarter. Record “X” if the client’s participation in THMP lapsed during this quarter, record “N/A” if not applicable (i.e., newly enrolled clients who remained on the THMP during the quarter).

**THMP Drop Date:** Record the date that the client was dropped from THMP.

**NOTE:** Client is automatically “dropped” from THMP participation for “failure to participate” (i.e., failure to refill at least one prescription within a six month period). Clients with a physician ordered drug “holiday” will be retained in the system.

**Reason for discontinued enrollment with THMP:** Record the appropriate code for the discontinued enrollment of the client on THMP, using the “codes for reasons” listed at the bottom of page 4 of the report.

- Use code “1” if the client moved out of the area served by the program.
- Use code “2” if the client cannot be located within a time frame established by the program as “lost to follow-up” after at least 3 active attempts to locate and reengage.
- Use code “3” if the program has acceptable evidence that a client is deceased. (i.e., death certificate, family report, obituary)
- Use code “4” if client is determined to be no longer eligible for participation in THMP.
- Use code “5” if the program has acceptable evidence that the client has re-entered an incarcerated setting and will not be receiving medications from THMP.<sup>1</sup>
- Use code “6” if the client has acknowledged a self-prescribed discontinuation of HIV medications provided by THMP.
- Use code “7” if a physician has ordered discontinuation of all HIV medications provided by THMP. If only a portion of the HIV medications provided by THMP are discontinued but other medications are still provided, do not utilize this code.
- Use code “8” if the client’s doctor orders a drug “holiday” from HIV drugs.
- Use code “9” for any other reason, other than those cited above, that the client was discontinued from participation in THMP. If space allows, provide a brief statement of the specific reason for discontinued enrollment.

**Date re-enrolled in THMP (if appropriate):** Record the date that a client was re-instated on THMP who had previously been discontinued from enrollment. This date is available to the client on the THMP letter approving client’s participation.

**PAGE FIVE:**

**D. In the box provided record the required information for this reporting period:**

- 1. Number of unduplicated clients served this quarter:** Record the number of unduplicated clients that received a funded service delivered by the Grantee Agency or subcontractor within the current quarterly reporting period (include both existing and new clients enrolled). Clients that did not receive services (i.e., refused services; unable to contact) within the reporting period **will not** be counted in this box.
- 2. Number of client’s enrolled in THMP in this quarter:** Record the number of clients that were enrolled in the Texas HIV Medication Program as a result of activities funded by this grant during this reporting period (i.e., clients who received agency literature while incarcerated and contacted agency after release to receive services; clients who were referred by TCOMI or clinical provider in prison/jail to agency and agreed to receive case management services and enroll in THMP, etc.).
- 3. Total number of unduplicated clients served contract year-to-date:** Record the total number of unduplicated clients that have received a funded service delivered by the Grantee agency or sub-contractor thus far during the current contract year.

4. **Number of case management units of service this quarter:** Record the total number of units of case management service delivered to clients during the reporting period. A unit of service should follow the COMPIS definition. The numbers reported in this box should match the number of units of service documented in the COMPIS database that is reported quarterly via the TXCLIENT reporting system.
5. **Number of case management units of service provided contract year-to-date –** Record the total number of units of case management service delivered to clients thus far during the current contract period. A unit of service should follow the COMPIS definition. The numbers reported in this box should match the number of units of service documented in the COMPIS database that is reported quarterly via the TXCLIENT reporting system.
6. **Total number of THMP applicants who did not complete certification process for THMP this quarter:** Record the total number of clients who submitted an application to THMP but did not complete the required certification process during this reporting period (i.e., did not supply required documents, when requested, which resulted in incomplete certification process; did not return to agency for services during this quarter and, as a result, did not complete THMP certification process; etc.).
7. **Total number of THMP applicants who did not complete certification process for THMP contract year-to-date:** Record the total number of clients who submitted an application to THMP but did not complete the required certification process during the contract period (i.e., submitted initial application to THMP but were lost to follow-up and, as a result, did not complete THMP certification process; etc.).
8. **Total number of applicants denied coverage by THMP for failure to meet eligibility criteria this quarter:** Record the total number of clients served under this grant for the current quarter that submitted an application to THMP but whose application did not meet THMP eligibility guidelines. Do NOT include clients for whom an application is in “pending” status or incomplete.
9. **Total number of applicants denied coverage by THMP for failure to meet eligibility criteria contract year-to-date:** Record the total number of clients served during the contract period that had submitted an application to THMP but did not meet THMP eligibility guidelines. Do not include clients for whom an application is in “pending” status or incomplete.
- E. **Describe obstacles for this population to enrolling in THMP. Provide sufficient information to explain barriers to successful enrollment in THMP experienced by clients and/or agency staff. These may be client-centered, internal to agency, internal to THMP or from some other source/situation. Suggestions for reducing/overcoming barriers are appreciated.** Describe situations, agency or THMP policies, agency or THMP procedures, funding restrictions, healthcare delivery system structural issues, patterns of client attitude/behavior, staff training needs, or any other obstacles which pose significant barriers to successfully enrolling, HIV positive persons recently released from incarceration into THMP. Suggestions for overcoming or reducing barriers, including successful strategies used by agency may be included here.

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## **II. PROGRAM ISSUES**

### **A. Staffing Issues:**

- 1. List staff changes, affecting this scope of work that occurred during this quarter:**  
List the name, job title, and date of employment/resignation of any employee (funded by grant dollars) that has been newly hired or has vacated a position within the reporting period. This includes all staff at the Grantee Agency and at any subcontractor that has personnel listed on an 8-category budget (excludes fee-for-service subcontractors).
- 2. List all vacant positions for this grant:** Record the job title for each position on this grant that was not filled by the close of the reporting period.
- 3. Volunteer Activities:** Record information in the box provided according to the following instructions -
  - Number of volunteers utilized:** Record a total number of volunteers that assisted the Program during the reporting period. Volunteers include those that assist with administrative duties or with direct client care. Include all volunteers that are utilized by the Grantee Agency and subcontractors that submit an 8-category budget (excludes fee-for-service contractors).
  - Number of volunteer hours provided:** Record the total number of volunteer hours provided by the individual listed in the previous box.
  - Estimated value of volunteer time:** Provide an estimate dollar value for the total amount of volunteer hours provided during the reporting period. Listing the total number of hours an individual worked; assigning an hourly rate for the duties performed; and multiplying the two figures can generate this dollar value. For example, Mary M. volunteered 10 hours as a clerical assistant @ 6.50 per hour (value \$65.00), and Libby B. volunteered 5 hours as a food pantry assistant @ \$5.00 per hour (total \$25.00). The figure recorded in the box provided for this item would be \$90.00 (record only the total value, not the itemized list used to calculate this figure).

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### **B. Funding Issues:**

**\*NOTE: Answering this question is optional.**

If you choose to provide this information, it will assist us in- analyzing the extent to which TDH funds are leveraged by private funds **and** providing technical assistance regarding the management of non-allowable expenses.

TDH encourages grantees to seek other funding sources and to diversify the agency-funding base, thus enabling the agency to expand client services and have a designated source of funds for non-allowable TDH costs (and administrative costs that exceed the mandated 10% cap).

1. **Describe efforts that occurred during the quarter to secure funds to supplement TDH grant monies:** Itemize fund-raising activities (to include approximate dollar amounts generated), private foundation grants, major donations, and any other source of funds secured during the reporting period. This question pertains only to efforts of the Grantee Agency (subcontractor efforts do not need to be reported).

**Example:**

Date	Event	Amount
01/10/99	Silent Auction	\$5,000.00
02/25/99	Individual Donation	\$1,000.00
03/01/99	From All Walks of Life	\$8,500.00
03/15/99	Levi Strauss Foundation Grant	\$5,000.00

**PAGE EIGHT and NINE:**

### **C. Work Plan:**

1. **Discuss the activities conducted:** List activities conducted to accomplish the work plan submitted in the grant application. Include outreach/access activities and activities to enroll clients in THMP.
2. **Discuss obstacles/concerns:** List obstacles and concerns in conducting outreach activities as well as obstacles/concerns to relating to enrolling clients in THMP.
3. **Discuss significant outcomes for activities undertaken to achieve the work plan:** List outcomes accomplished in outreach/access activities and THMP enrollment activities. Outcomes should support contractually required performance measures.
4. **Discuss any significant changes to the work plan as it was submitted in the grant application:**

Describe any major changes in:

- Structure of the service delivery system for bringing HIV positive clients who were recently released from incarcerated setting into care/enrollment on THMP and sustaining that enrollment;
- Addition/deletion of subcontractor services that affect the capacity of the agency to provide services as described in the grant application;
- Any other major changes to the work plan as it was submitted in the grant application.

Detail why the changes were made and the impact on the program.

**PAGE TEN and ELEVEN:**

**D. Coordination<sup>2</sup>:**

1. **Describe the coordination activities that occurred during the quarter between the Grantee Agency/subcontractors and federal/state prisons, jails and juvenile institutions:** Record information on the coordination efforts that occurred during the reporting period with prisons, jails, juvenile institutions and penitentiaries. Examples include- outreach activities, discharge planning and coordination with jails and prisons, etc.
2. **Describe the coordination activities that occurred during the quarter between the Grantee Agency/subcontractors and TB Control Programs:** Record information on the coordination efforts that occurred during the reporting period with Tuberculosis Control Programs.  
**Examples** include - development of referral procedures for clients regarding TB screening, treatment, etc.
3. **Describe the coordination activities that occurred during the quarter between the Grantee Agency/subcontractors and local sexually transmitted diseases (STD) Programs:** Record information on coordination efforts that occurred during this recording period with local STD Control programs.  
**Examples** include: development of referral procedure to link clients seen at either agency, education exchange to promote diagnosis and treatment of STDs, etc.
4. **Describe the coordination activities that occurred during the quarter between the Grantee Agency/subcontractors and Texas Council on Alcohol and Drug Abuse (TCADA) and other Substance Abuse Treatment agencies:** Record information on coordination efforts that occurred during the reporting period with TCADA and other agencies.  
**Examples** include: development of referral procedure to link clients seen at either agency, screening protocols, etc.
5. **Describe the coordination activities that occurred during the quarter between the Grantee Agency/subcontractors and mental health and mental retardation agencies:** Record information on coordination efforts that occurred during the reporting period with agencies that deliver services to clients in need of mental health and mental retardation services.  
**Examples** include: development of referral procedure to link clients seen at either agency, etc.

**6. Describe the coordination activities that occurred during the quarter between the Grantee Agency/subcontractors and other service providers:** Record information on coordination efforts that occurred during the reporting period with service providers in the HIV Service Delivery Area that **are not** subcontractors of the Grantee Agency for this scope of work or related activities/scopes of work.

**Examples** include: meetings with case managers in other fields to discuss continuity of care for clients, letters of agreement between non-funded service providers or community groups, and the Grantee Agency or subcontractor to provide a specific service (e.g. food pantry services).

## **PAGE TWELVE:**

### **E. Evaluation Activities:**

- 1. Describe the associated evaluation activities by the Grantee Agency or subcontractor that occurred during the quarter:** This question pertains to grantee agencies and subcontractors that provide direct client services. Provide a detailed description of activities focusing on the assessment of the quality of services delivered to clients that occurred during the reporting period. This can include: contracted formal program evaluation, peer review of services, client satisfaction survey, focus groups, client advisory committee meetings, etc. Also include survey results and document progress toward implementing suggestions for improvement made by clients, staff, or others. Include corrective action plans, when appropriate, and assessments of progress toward goals and outcomes.
- 2. List and describe all monitoring activity of subcontractors performed by the Grantee Agency that occurred during the quarter:** Provide the name of the subcontractor visited, the date of the visit, the scope of work reviewed, and a brief summary of the outcome and sanctions (if any) applied to subcontractors regarding compliance or other contract related issues (as per the discretion of the Grantee Agency). Also document problems that may have occurred regarding subcontractor monitoring during the reporting period. Include corrective action plans, when appropriate, and assessments of progress toward goals and objectives.

If Grantee has no subcontractors, note “not applicable”.

**PAGE THIRTEEN:**

**F. TRAINING/TECHNICAL ASSISTANCE:**

**1. List all staff training related to this scope of work that occurred during the quarter:**

List the name of the agency receiving training, the name of the entity providing the training, the date the training occurred, the identified need for the training, and a brief description of the training content.

**Example:** AIDS Services Center received case management training conducted by Mr. Thomas Quinn, MSW, of University of Texas at Tyler, on March 20, 2003. The training consisted of a review and discussion of strategies for non-clinical case managers to improve medication regime adherence by clients who have recently been released from incarceration, and proper documentation of case management activities in client records.

**2. Describe training/technical assistance needs expressed by Grantee Agency/subcontractor staff and activities undertaken to meet these needs:** Record the training or technical assistance needs expressed by Grantee Agency staff or subcontractor staff or as a result of an assessment. Problem resolution achieved by training should be noted as part of the corrective action plan, if appropriate. Describe the steps taken by the Grantee Agency to meet the identified training needs.

**Examples** include: training on the application and eligibility certification process for the Texas Medication Program, conflict resolution training, etc.

**3. Describe financial, budget management, or grant management concerns that the Grantee Agency or subcontractor may have and any specific response desired from the grantor:** Record grant/budget related concerns expressed by the Grantee Agency or subcontractor.

**Examples** include: need to complete budget revision (e.g., to purchase computer equipment or shift more than 10% of budget between categories), concerns regarding potential shortage or lapsed grant funds, etc.

**The “Request for Information From the THMP” Form and the instructions regarding completion and submission of the form to THMP are available at <http://www.tdh.state.tx.us/hivstd/clinical/pdf/MAITHMPinstructions.pdf>.**